

ARKANSAS STATE BOARD OF COSMETOLOGY
101 EAST CAPITOL, SUITE 108
LITTLE ROCK, AR 72201
(501) 682-2168

CERTIFICATION OF RECORD REQUEST FORM

INSTRUCTIONS: PLEASE PRINT USING BLUE OR BLACK INK. ALL REQUESTS MUST INCLUDE A COPY OF THE DRIVER'S LICENSE. A \$5.00 FEE IS REQUIRED FOR EACH LICENSE YOU ARE TRANSFERRING. (ONLY MONEY ORDERS WILL BE ACCEPTED.) ONCE THE APPLICATION AND FEE ARE RECEIVED, WE WILL MAIL YOUR CERTIFICATION ***DIRECTLY*** TO THE STATE BOARD OFFICE IN WHICH YOU ARE TRANSFERRING TO.

SECTION (A) -- APPLICANT INFORMATION: (Please state **name** that currently appears on your license.)

Last Name		First Name		Middle Name	
Address		Apt #	City		State
Phone Number ()		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Am. Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan Native		
Marital Status	SSN		Date of Birth	Place of Birth (City/State/Country)	

SECTION (B)--LICENSE INFORMATION

Arkansas Board reflects my status as: <input type="checkbox"/> Student <input type="checkbox"/> Licensee	Is License Lapsed? (Expired for 5 years) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state the month and year first and last license date. Also state the name in which you were last licensed under.
Type of License/Permit <input type="checkbox"/> Cosmetology <input type="checkbox"/> Manicure <input type="checkbox"/> Instructor <input type="checkbox"/> Aesthetician <input type="checkbox"/> Electrology		Id Number
		License Number

SECTION (C) -- OUT OF STATE INFORMATION

I am requesting certification of my record to be sent to the following state:

SECTION (D) -- APPLICANT SIGNATURE

By signing this application, I certify that the information provided above is true and accurate. Further, I understand that any false statements will be sufficient grounds for the Board to take disciplinary action.

Today's Date	Printed Name	Applicant's Signature
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DO NOT WRITE BELOW THIS AREA – FOR BOARD USE ONLY

Date	Amount	ID Number	Receipt Number